



**YES, I want to support the LBP Because She Cares Foundation**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Please use my contribution to help improve the lives of families in our community and support higher education goals for our youth.

- ☐ \$5,000    ☐ \$3,000    ☐ \$1,000    ☐ \$500  
☐ \$250    ☐ \$100    ☐ \$50    ☐ Other \$ \_\_\_\_\_

**FORM OF PAYMENT**

Please make check or money order payable to the LBP Because She Cares Foundation. The foundation also accepts VISA, MasterCard and American Express.

- ☐ VISA    ☐ MasterCard    ☐ American Express

Name as it appears on card \_\_\_\_\_  
(Please print)

Card No. \_\_\_\_\_ Expiration Date \_\_\_\_\_ / \_\_\_\_\_ CV/CVV \_\_\_\_\_

Signature (required) \_\_\_\_\_

☐ My gift is in memory of/thanksgiving for \_\_\_\_\_. If you would like us to inform the honoree of the gift made in their name, please provide their mailing address.

**Mailing & Contact Information:**  
The Levester Boleware Palmer Because She Cares Foundation  
9898 Bissonnet St., Suite 592  
Houston, Texas 77036  
donations@lbpbecauseshecares.org

**THANK YOU FOR YOUR SUPPORT!**